RAND CENTER FOR DOMESTIC AND INTERNATIONAL Health Security

Patient Centered Approaches and the Delivery of Quality Healthcare

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Epidaurus Conference on Patient-Centered Care
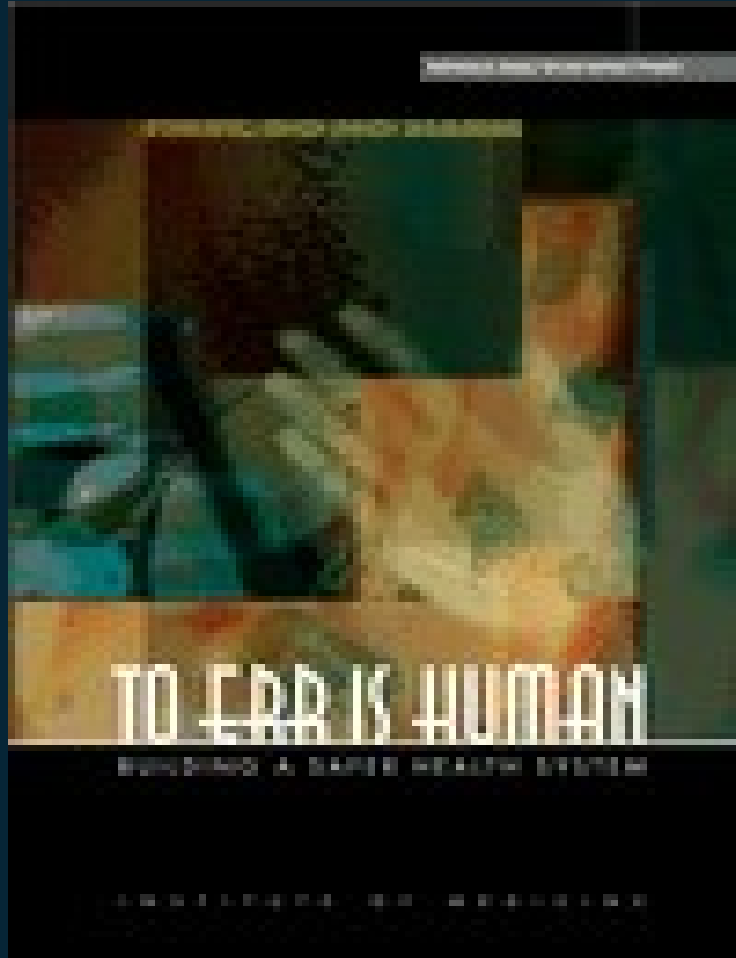
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Patient Centered Care

- Whose Convenience?

- Information/Knowledge

- Medical Record

- Communications

- Decision making

Well Informed Joint Patient-Doctor Decision Making

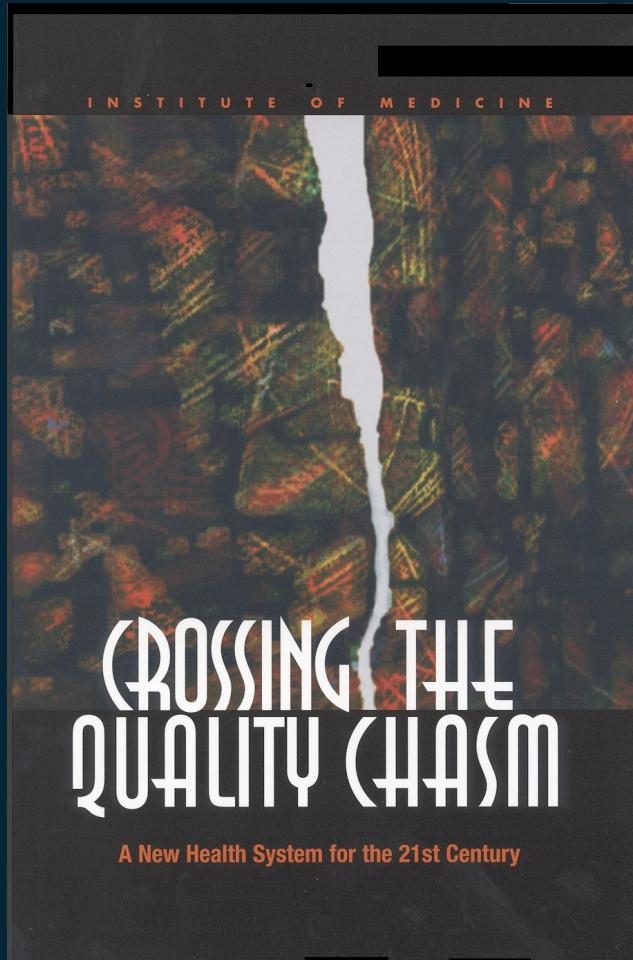# To Err Is Human: Building A Safer Health System

First Report

Committee on

Quality of Health Care

in America

Key Findings

- **Errors occur because of system failures**

- **Preventing errors means designing safer systems of care**

Crossing the Quality Chasm

INSTITUTE OF MEDICINE

CROSSING THE QUALITY CHASM

A New Health System for the 21st Century

Second Report

Committee on

Quality of Health Care

in America

Studies Documenting the "Quality Gap"

Literature review conducted by RAND

- **Over 70 studies documenting quality shortcomings**

Large gaps between the care people should receive and the care they do receive

- **true for preventive, acute and chronic**

- **across all health care settings**

- **all age groups and geographic areas**

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Major Forces Influencing Health Care

- **Expanding Knowledge Base**

- **Information Technology**

- **Chronic Care Needs**

- **Payment Policies**

Information Technology

Internet has enormous potential to improve care, yet health care delivery relatively untouched by IT

IT Can Improve Quality

- *Safety --* computerized physician order-entry reduced adverse drug events by 84% (Bates, 2001)

- *Effectiveness --* reminder systems and computer assisted diagnosis and management improves compliance with practice guidelines (Durieux, 2000; Evans, 1998)

- *Patient-Centered --* Internet can provide access to clinical knowledge, online support groups, customized health education and disease management messages

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IT Can Improve Quality

- *Timeliness --* **mothers receiving computer-generated reminders had 25% higher on-time immunization rate   for their infants (Alemi, 1996)**

- *Efficiency --* **9% of redundant lab tests at a hospital   could be eliminated using a computerized system (Bates, 1998)**

- *Equity --* **Internet-based health communication can   improve access and provide a broader array of options   for interacting with clinicians**

Increased Chronic Care Needs

- **About 100 million people (40% of population) have one or more chronic conditions**

- **Chronic conditions account for more than two-thirds of health care expenditures (Robert Wood Johnson Foundation, 1996)**

- **80/20 Rule: Limited number of conditions account for most of these health care expenditures (Ray et al., 2000)**

Delivery System Inadequate

- **Dearth of clinical programs with infrastructure to provide full complement of services to chronically ill (Wagner, 1996)**

- **Physician groups and hospitals operate as silos without benefit of complete information**

Chronic Care Delivery Models

- **Planned, systematic approach**

- **Attention to information and self-management needs of patients**

- **Multi-disciplinary teams**

- **Extensive coordination required across settings and clinicians, and over time**

- **Unfettered and timely access to clinical information is critical**

Barriers to Quality Inherent in Payment Policies

Current payment policies are complex and contradictory, and often work *against* efforts to improve quality.

Five Part Agenda for Change

- **Commit to a shared agenda of six aims for improvement**

- **Adopt "10 rules" to guide the redesign of care processes**

- **Focus initial efforts on a set of priority conditions**

- **Implement more effective organizational supports**

- **Create an environment that fosters improvement**

Aims For Improvement

- **Safe**

- **Effective**

- **Patient-centered**

- **Timely**

- **Efficient**

- **Equitable**

Ten Rules To Redesign Care

1. **Care based on continuous healing relationships**

2. **Customization based on patient needs and values**

3. **Patient as source of control**

4. **Shared knowledge and free flow of information**

5. **Evidence-based decision making**

Ten Rules To Redesign Care

6.   Safety as a systems property

7.   Transparency

8.   Anticipation of needs

9.   Continuous decrease in waste

10.   Cooperation among clinicians

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Information Technology

- **There must be a renewed national commitment to building an information infrastructure to support health care delivery, consumer health, quality measurement and improvement, public accountability, clinical and health services research, and clinical education.**

- **This commitment should lead to the elimination of most handwritten clinical data by 2010**

Payment

- **Purchasers should examine their current payment methods to remove barriers that impede quality improvement, and to build in stronger incentives for quality enhancement**

- **HCFA and AHRQ should identify and evaluate various options for better aligning current payment methods with quality improvement goals**

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Summary

American health care is beset by serious problems, but they are not intractable. The committee envisions a system that uses the best knowledge, that is focused intensely on patients, and that works across health care providers and settings. Achieving this ideal will require crossing a large chasm between today's system and the possibilities of tomorrow.

Success Stories

- **Iowa Health System**
  - **75% decrease ADE in one year**

- **St. Joseph Medical Center, Illinois**
  - **50% reduction ADE - <1year**

- **Safety leadership Walk Rounds**

- **Safety Briefings**

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Important Tools

- **Computerized Physician Order Entry (CPOE)**

- **Electronic Medical Record**

- **Patient Safety Indicators (AHRQ)**

- **Voluntary National Reporting Systems**

- **Proprietary Error Reporting Systems**

FDA Responses

- **Bar Codes (VA)**

- **15 day reporting**

- **Safety Center**

Disease Management Programs

- **Improved Outcomes**

- **Decreased Costs**

- **Increasing Commercialization**

- **Role of Physician**

- **Motivation for Cost Reduction**

Source: Weingarden et al., BMJ, 2002.

20th	21st
20th	**21st**
• **Autonomy**	• **Teamwork**
• **Solo Practice**	• **Systems**
• **Continuous Learning**	• **Continuous Improvement**
• **Blame / Shame**	• **Problem Solving**
• **Knowledge**	• **Change**

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Education

- **Systems Analysis**

- **Multiple Professionals**

- **Change / Improvement**

- **Team Functioning**

- **Evidence-Based Care**

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Patient Centered Care

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- **Decision making**

Well Informed Joint Patient-Doctor Decision Making